



Chris Berg <CBerg@afphq.org> on 10/05/2012 03:25:53 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9

Attached please find an FEC Form 9 for Americans for Prosperity.

Sincerely,
Chris Berg

Chris Berg
Legal Counsel

Americans for Prosperity
2111 Arlington Blvd., Ste. 350
Arlington, VA 22201

(703) 224-3162
cberg@afphq.org



FEC Form 9 - 2012-10-04.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

AMERICANS FOR PROSPERITY

(b) Address (number and street) ☐ check if different than previously reported

2111 WILSON BLVD. SUITE 350

(c) City, State and ZIP Code

ARLINGTON, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30001051

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

06 04 2012

through

10 05 2012

5. (a) Date of Public Distribution(s)

10 04 2012

(b) Communication Title "Can't Take It"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. Custodian of Records

(a) Name

STEVE CORDER

(b) Address (number and street)

2111 WILSON BLVD. SUITE 350

(c) City, State and ZIP Code

ARLINGTON, VA 22201

(d) Name of Employer or Principal Place of Business

AMERICANS FOR PROSPERITY

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

1171673.79

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Tracy A. Henke

SIGNATURE

Tracy A. Henke

DATE

10.5.12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 7

11. Person(s) Sharing/Exercising Control

A.	(a) Name TIM PHILLIPS	
	(b) Address (number and street) 2111 WILSON BLVD. SUITE 350	
	(c) City, State and ZIP Code ARLINGTON, VA 22201	
	(d) Name of Employer or Principal Place of Business AMERICANS FOR PROSPERITY	(e) Occupation PRESIDENT
B.	(a) Name TRACY HENKE	
	(b) Address (number and street) 2111 WILSON BLVD. SUITE 350	
	(c) City, State and ZIP Code ARLINGTON, VA 22201	
	(d) Name of Employer or Principal Place of Business AMERICANS FOR PROSPERITY	(e) Occupation EXECUTIVE VP & COO
C.	(a) Name STEVE CORDER	
	(b) Address (number and street) 2111 WILSON BLVD. SUITE 350	
	(c) City, State and ZIP Code ARLINGTON, VA 22201	
	(d) Name of Employer or Principal Place of Business AMERICANS FOR PROSPERITY	(e) Occupation TREASURER & CFO
D.	(a) Name JOHN FLYNN	
	(b) Address (number and street) 2111 WILSON BLVD. SUITE 350	
	(c) City, State and ZIP Code ARLINGTON, VA 22201	
	(d) Name of Employer or Principal Place of Business AMERICANS FOR PROSPERITY	(e) Occupation SECRETARY
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 7

<p>A. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) 0</p> <hr/> <p>TOTAL This Period (last page this line number only) 0</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 7

A. Full Name (Last, First, Middle Initial) of Payee DAVIS MEDIA LLC				Date of Disbursement or Obligation 10 / 03 / 2012	
Mailing Address of Payee 122 CINEMA DRIVE				Amount 650.00	
City WILMINGTON	State NC	Zip Code 28403	Communication Date 10 / 04 / 2012		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Production and Placement of Radio Advertisement ("Americans for Prosperity Canvassing")					
Name of Federal Candidate BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee The Afternoon Constitutional LLC				Date of Disbursement or Obligation 10 / 02 / 2012	
Mailing Address of Payee 1150 Pepsi Place, Suite 300				Amount 675.00	
City Charlottesville	State VA	Zip Code 22901	Communication Date 10 / 05 / 2012		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Radio Advertisement ("Owe It")					
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				1325.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				_____	

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 5 OF 7

A. Full Name (Last, First, Middle Initial) of Payee Strategic Media Placement Inc.				Date of Disbursement or Obligation 10 / 03 / 2012	
Mailing Address of Payee 7669 Stagers Loop				Amount 2000.00	
City Delaware	State OH	Zip Code 43215	Communication Date 10 / 04 / 2012		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Production of Television Advertisement ("Can't Take It")					
Name of Federal Candidate Robert Kerrey		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NE District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Strategic Media Placement				Date of Disbursement or Obligation 10 / 04 / 2012	
Mailing Address of Payee 7669 Stagers Loop				Amount 142500.00	
City Delaware	State OH	Zip Code 43215	Communication Date 10 / 04 / 2012		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Television Advertisement ("Can't Take It")					
Name of Federal Candidate Robert Kerrey		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NE District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				144500.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 6 OF 7

A. Full Name (Last, First, Middle Initial) of Payee Strategic Media Placement <hr/> Mailing Address of Payee 7669 Stagers Loop <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Delaware</td> <td>OH</td> <td>43215</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> </table>			City	State	Zip Code	Delaware	OH	43215	Name of Employer	Occupation		Date of Disbursement or Obligation 06 / 04 / 2012 <hr/> Amount 12500.00 <hr/> Communication Date 10 / 04 / 2012	
City	State	Zip Code											
Delaware	OH	43215											
Name of Employer	Occupation												
Purpose of Disbursement (Including title(s) of communication(s)) Allocated Production Costs of Television Advertisement ("Can't Take It")													
Name of Federal Candidate: Robert Kerrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____										
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____										
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____										
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc. <hr/> Mailing Address of Payee 600 Fairmont Avenue, Suite 306 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21204</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> </table>			City	State	Zip Code	Towson	MD	21204	Name of Employer	Occupation		Date of Disbursement or Obligation 10 / 03 / 2012 <hr/> Amount 1002620.60 <hr/> Communication Date 10 / 05 / 2012	
City	State	Zip Code											
Towson	MD	21204											
Name of Employer	Occupation												
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Television Advertisement ("Have You Seen")													
Name of Federal Candidate: Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____										
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____										
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____										
SUBTOTAL of Disbursements/Obligations This Page (optional)			1015120.60										
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)													

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 7 OF 7

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media, Inc. <hr/> Mailing Address of Payee 1850 M Street NW Suite 235 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036-5837</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> </table>				City	State	Zip Code	Washington	DC	20036-5837	Name of Employer	Occupation		Date of Disbursement or Obligation 08 / 24 / 2012 <hr/> Amount 7938.35 <hr/> Communication Date 10 / 05 / 2012	
City	State	Zip Code												
Washington	DC	20036-5837												
Name of Employer	Occupation													
Purpose of Disbursement (Including title(s) of communication(s)) Allocated Production Costs of Television Advertisement ("Have You Seen")														
Name of Federal Candidate Tammy Baldwin		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
B. Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media, Inc. <hr/> Mailing Address of Payee 1850 M Street NW Suite 235 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036-5837</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> </table>				City	State	Zip Code	Washington	DC	20036-5837	Name of Employer	Occupation		Date of Disbursement or Obligation 10 / 04 / 2012 <hr/> Amount 2789.84 <hr/> Communication Date 10 / 05 / 2012	
City	State	Zip Code												
Washington	DC	20036-5837												
Name of Employer	Occupation													
Purpose of Disbursement (Including title(s) of communication(s)) Production of Television Advertisement ("Have You Seen")														
Name of Federal Candidate Tammy Baldwin		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
SUBTOTAL of Disbursements/Obligations This Page (optional)				10728.19										
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				1171673.79										

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/5/2012</i>
<i>JB</i> PREPARER (3/2005)	<i>10/5/2012</i> DATE PREPARED